

# DISABILITY DETERMINATION FOR MEDICAID (MEDS)

## **Introduction:**

To be eligible for Medicaid a person must fit into a coverage category. Covered categories are: aged (65 or older), blind or disabled according to Social Security (SSA) criteria, pregnant, a child (under 18, 19, or 21 depending on the program definition), or be a specified caretaker relative of a minor child.

## **Disability Determination:**

The primary category for waiver people under 65 is disability. Disability determination is normally done by SSA as part of an SSI or SSDI application. However some people do not qualify for SSI because of income or resources, so MEDS is an alternative disability determination method used to confirm disability for Medicaid coverage category purposes.

## **Medicaid Eligibility Disability Services (MEDS) Process:**

Disability must be determined based on Social Security criteria. A MEDS determination is done when a person applying for Medicaid has not been determined disabled by SSA. MEDS goes through the same process of gathering medical information and evaluation as SSA does. The MEDS process is normally a very efficient and quick process. The only reason for delay is that medical providers often do not quickly respond to MEDS' request for medical records. **These delays can be eliminated if the applicant (or the parent, in the case of a child) gathers the medical documentation from medical providers in advance.** This is especially important for some of the waivers.

The following steps have been developed to give guidance to parents who have a child that may qualify for one of the waiver programs. If children are placed on the waiting list there are steps that can be taken to speed up the process when a waiver slot is awarded as it is imperative that the children get into waiver services as quickly as possible.

## **Steps:**

The following steps should be followed for any disability determination, but include information specifically for children potentially eligible for a Medicaid waiver program, but who would not otherwise be eligible for Medicaid. For a child working toward a Medicaid waiver slot, **parents should start this process as soon as a child is added to a waiver waiting list:**

- 1) **Immediately start gathering copies of all medical records** (besides doctor and hospital records, include school records, when appropriate, individualized education program (IEP) records, or any other records from services or programs that have information about your child). Begin contacting all doctors and other medical providers your child has been seen by within his/her lifetime for *any* condition. Include birth records. (This step is helpful for any disabled individual, but for those

not preparing for a future waiver slot, do not delay beginning Steps 3 and 4 while waiting for medical information to be received.)

- 2) **Keep this information together in a file**, with clear identification of where the information was obtained. You will need the name, address and phone number of every doctor, therapist, hospital and clinic that has seen or treated the child.
- 3) When waiver staff informs you a slot is being awarded to your child, or, if you are simply applying for Medicaid for any disability:
  - a) **Go to the Office of Public Assistance (OPA) and get an application.**
  - b) **Make an appointment to see a worker**, with that appointment date being as soon as possible.
  - c) **Attend the appointment; bring all the medical records with you.**
  - d) You will be given a "MEDS packet" to complete. This packet consists of 3 forms, total of 5 pages. HCS-491 "Assessment for Medical Assistance Application Blind or Disabled, HCS-492 "Authorization to Release Medical Information to the Department of Public Health & Human Services, HCS-493 "Medical History and Vocational Report."
  - e) **Complete the MEDS packet.** Remember these forms need to be completely filled out. If not complete, the disability determination will be delayed. Time is of the essence in completing and returning the MEDS packet.
  - f) **Return the MEDS packet to the OPA the following day** but no later than 2 working days from receipt.
- 4) While the MEDS determination is in process, **gather all other necessary/requested documentation for the Medicaid application.** This may include a certified birth certificate, proof of identity, SSN, current bank statements, proof of other assets, proof of income, and other necessary information unique to household's situation that may be requested by the Medicaid case manager.
- 5) If you have questions about this process, contact your local Office of Public Assistance.

### **REMEMBER**

**Time is of the essence.**

